

## Office of State Publishing

July 14, 2003

Dear Advertiser,

Beginning with the 2004 edition, the State of California's STD 101 Appointment Calendar will be accepting advertising. This has been a popular publication with state employees in the past and now it has more features and a new look. A complimentary copy of the previous 2003 edition is enclosed for your review.

The newly designed 2004 calendar has a circulation of 325,000 and is distributed to the state's 200,000 employees annually. Printing on matte stock in 4 color process ink, this 32 page calendar will contain valuable information for state employees including two years of state pay period calendars and state paid holidays. It will also include the California State Government organizational chart and a directory of employee benefit programs. The calendar is a state employee tool used daily for project management and scheduling. Calendars are sold to state offices via OSP's Forms Management Center in packages of ten for \$10.00 per pack.

This is an excellent opportunity for advertisers to direct their message to California's state employees. Advertisers may sponsor a month of the calendar that includes ad space on the calendar as well as the adjoining photo page. The inside front, inside back and back covers are also available.

If you have questions concerning the calendar, the OSP Advertising Program or how to submit ad copy to OSP, please call me at 916-327-5867 or 1-866-824-0603 toll free.

Don't miss this opportunity to advertise in California's state publications. I look forward to hearing from you.

Sincerely,

DANELLE HAMILTON  
Advertising Account Representative



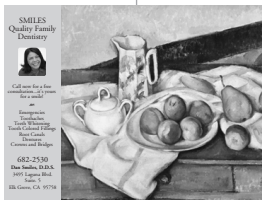
## The California STD 101 Appointment Calendar 2004

The newly designed 2004 calendar has a circulation of 325,000 and is distributed to the state's 200,000 employees annually. Printing on matte stock in 4 color process ink, this 32 page calendar will contain valuable information for state employees including two years of state pay period calendars and state paid holidays. It will also include the California State Government organizational chart and a directory of employee benefit programs. This calendar is a state employee tool used daily for project management and scheduling. Calendars are sold to state employees via OSP's Forms Management Center in packages of ten for \$10.00 per pack.

This is an excellent opportunity for advertisers to direct their message to California's state employees. Advertisers may sponsor a month of the calendar that includes ad space on the calendar as well as the adjoining photo page. The inside front, inside back and back covers are also available.



sample photo page with horizontal ad



sample photo page with vertical ad



sample calendar page with ad



### [ Rates (All ads are horizontal and print 4 color process)

Inside front cover	full page	10 <sup>7</sup> / <sub>8</sub> " x 8 <sup>3</sup> / <sub>8</sub> "	\$5,000
	half page	4 <sup>7</sup> / <sub>8</sub> " x 7 <sup>5</sup> / <sub>8</sub> "	\$2,750
	¼ page	4 <sup>7</sup> / <sub>8</sub> " x 3 <sup>3</sup> / <sub>4</sub> "	\$1,500
Inside back cover	full page		\$5,500
	half page		\$3,025
	¼ page		\$1,700
Back cover	full page		\$6,000
	half page		\$3,300
	¼ page		\$1,900
Month sponsorships *	1 month		\$5,000
	2 months		\$4,500 ea
	3 months		\$4,000 ea

### \* Month sponsorships include 2 ad positions:

- Calendar page horizontal 7 <sup>1</sup>/<sub>2</sub>" x 1 <sup>5</sup>/<sub>8</sub>"
- Photo page (your choice of horizontal or vertical) horizontal 10 <sup>7</sup>/<sub>8</sub>" x 1 <sup>3</sup>/<sub>4</sub>"  
vertical 2 <sup>3</sup>/<sub>8</sub>" x 8 <sup>3</sup>/<sub>8</sub>"

**Space reservation deadline:** August 22, 2003

**Ad material deadline:** August 29, 2003

### [ Specifications:

32 pages, self cover	150 line screen web press production
10 <sup>7</sup> / <sub>8</sub> " x 8 <sup>3</sup> / <sub>8</sub> " horizontal	Drill for hanging
saddlestitches on 10 <sup>7</sup> / <sub>8</sub> " side	4/4 = process ink
70# matte book	Electronic files only

Interested advertisers should contact: the Office of State Publishing  
**Danelle Hamilton, Advertising Account Representative**  
 916 327-5867 or 1-866-824-0603  
[danelle.hamilton@dgs.ca.gov](mailto:danelle.hamilton@dgs.ca.gov)

DATE

NAME OF PUBLICATION

STD 101 STATE APPOINTMENT CALENDAR

EDITION

2004

CIRCULATION

325,000

REPRESENTED BY

THE OFFICE OF STATE PUBLISHING

CONTRACT NUMBER

N/A

## Advertiser Information

ADVERTISER

BILLING ADDRESS

AD PLACED BY BY

AUTHORIZED SIGNATURE

PHONE NUMBER

FAX NUMBER

FEDERAL TAX ID NUMBER

E-MAIL

## Contact Information

PERSON TO CONTACT CONCERNING AD COPY

PHONE NUMBER (IF DIFFERENT FROM ABOVE)

E-MAIL

## Ad Information

AD SIZE

NUMBER OF COLORS

4CP

☐

PICK UP

☒

NEW COPY

LOCATION

AD MATERIAL DEADLINE

AUG. 29, 2003

BILLING AMOUNT

SPECIAL INSTRUCTIONS

IF YOU ARE SPONSORING A MONTH PLEASE INDICATE YOUR MONTH PREFERENCE AND IF YOU WOULD LIKE A HORIZONTAL OR VERTICAL AD SPACE FOR YOUR PHOTO PAGE.

Your ad will be invoiced by the State of California, Department of General Services, Office of State Publishing. All payments are to be made directly to the Office of State Publishing.

Please submit your ad on disk with hard copy and a completed Electronic Prepress Work Request to:  
The Office of State Publishing

**Attn: Advertising**

344 N. 7th Street, Room CR2, Sacramento, CA 95814

FAX to 916 445-1054

All advertisements must be in good taste and must be approved by the Office of State Publishing. Advertisers and their agencies shall agree to indemnify and save harmless the state agency responsible for the publication and the State of California from any loss from claims or suits for libel, violation of rights of privacy, plagiarism, or copyright infringement.

**PLEASE MAIL THIS FORM TO THE OFFICE OF STATE PUBLISHING, ATTENTION ADVERTISING  
OR FAX IT TO 916 445-1054.**



## Office of State Publishing

## Electronic Prepress Work Request

OSP FORM 17 (Rev. 2/03)

Job No. \_\_\_\_\_ Date \_\_\_\_\_

## Customer Information

Department Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Wanted: \_\_\_\_\_

Time Wanted: \_\_\_\_\_

Charge to Job #: \_\_\_\_\_

Work Authorized by: \_\_\_\_\_

Customer Signature \_\_\_\_\_

**1. DIGITAL INFORMATION AND MATERIALS SUPPLIED BY CUSTOMER**

## Program Information:

MAC PC VERSION #

- |   |                       |                       |       |
|---|-----------------------|-----------------------|-------|
| <input type="checkbox"/> QuarkXPress    | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> Pagemaker      | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> InDesign       | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> Illustrator    | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> FreeHand       | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> CorelDraw      | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> Photoshop      | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> WordPerfect    | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> Microsoft Word | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> PDF            | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="checkbox"/> Other _____    | <input type="radio"/> | <input type="radio"/> | _____ |

File received via: ☐ Floppy ☐ Zip ☐ Jaz ☐ CD-Rom☐ FTP to: \_\_\_\_\_☐ E-mail to: \_\_\_\_\_**2. HARD COPY SUPPLIED BY CUSTOMER***(Note: OSP is not responsible for the accuracy of output from disks not accompanied by current, actual size, laser copies.)*

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Laser print(s)              | No. of Pages Supplied |
| <input type="checkbox"/> Digital color inkjet prints | _____                 |
| <input type="checkbox"/> Previous printed sample     | _____                 |

**3. SCANS NEEDED FROM:**

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Photos                     | No. of Items Supplied |
| <input type="checkbox"/> Transparencies             | _____                 |
| <input type="checkbox"/> Art and/or Reflective copy | _____                 |

**4. FONTS USED:** *(Both printer and screen fonts must be sent with job.)*

Font Name	Style	Manufacture	Ver.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. FILE DESCRIPTION** *(Please provide a directory of disk your submitting)*

Disk Name \_\_\_\_\_

Number of Files on Disk: \_\_\_\_\_

Name of File(s) to be Output:

File Name	No. of Pages
-----------	--------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

**6. PROOF REQUIRED**

- ☐ Lasers: ☐ Black & white ☐ Color
- ☐ Improof (digital) ☐ Contact (digital) ☐ Docutech
- ☐ BlueLine/Dylux ☐ Matchprint
- ☐ Film (Screen dpi \_\_\_\_\_) ☐ Other \_\_\_\_\_

**7. OUTPUT SPECIFICATIONS**

- ☐ Finished Size \_\_\_\_\_ x \_\_\_\_\_
- ☐ Print Colors as Black & White
- ☐ 4-Color Process *(Note: All trapping to be done by OSP.)*

Name(s) of Pantone/Spot Colors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. ADDITIONAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

FOR OSP USE ONLY

FileTrak Master File made ☐

PLEASE RETURN THIS FORM WITH YOUR ELECTRONIC FILE